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Bib Data Sheet

CONFIRMATION NO. 1347

SERIAL NUMBER 10/020,684	FILING DATE 12/14/2001 RULE	CLASS 345	GROUP ART UNIT 2676	ATTORNEY DOCKET NO. UNIV0122
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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/24/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature _____ Initials _____	STATE OR COUNTRY WA	SHEETS DRAWING 9	TOTAL CLAIMS 36	INDEPENDENT CLAIMS' 4
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## TITLE

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